

CONTACT INFORMATION

First & Last Name: _____ Bird Name: _____
 Home/Permanent Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: (____) _____ Cell: (____) _____ Email: _____
 School/Temporary Address: _____

 City: _____ ST: _____ Zip: _____ Phone: (____) _____
 Dates you can be reached at school/temporary address: _____

CAMP JOB INFORMATION

Check one: Paid Volunteer

Check all sessions for which you are applying.

Session:	<input type="checkbox"/> Week 1	<input type="checkbox"/> Week 2	<input type="checkbox"/> Week 3	<input type="checkbox"/> Week 4	<input type="checkbox"/> Week 5
Dates:	7/10-7/16	7/17-7/23	7/24-7/30	7/31-8/6	8/7-8/13
Session: Week 6:	<input type="checkbox"/> Mini-Camp	<input type="checkbox"/> Specialty Camp	<input type="checkbox"/> Father/Daughter Weekend		
Dates:	8/14-8/17	8/14-8/19	8/19-8/21		

Precamp training begins on **Saturday, June 25**. All staff is expected to be at camp by that date unless permission has been given to arrive later. Staff full summer contract ends **Monday, August 22, 2011**.

JOB PREFERENCE- Check the position(s) for which you are applying and age group preference (if applicable).

<input type="checkbox"/> Counselor	<input type="checkbox"/> Office Services	<input type="checkbox"/> Maintenance Manager
<input type="checkbox"/> Division Director	<input type="checkbox"/> Registrar	<input type="checkbox"/> Maintenance Assistant
<input type="checkbox"/> Activity Specialist	<input type="checkbox"/> Business Manager	<input type="checkbox"/> Weekend/Stayover Staff
(area: _____)	<input type="checkbox"/> Camp Store Manager	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Activity Leader	<input type="checkbox"/> Photographer	Age Group Preference: (please check 2)
<input type="checkbox"/> Waterfront Assistant	<input type="checkbox"/> Food Service Manager	<input type="checkbox"/> Voyager (grade 2, age 7)
<input type="checkbox"/> Wilderness Trip Leader	<input type="checkbox"/> Food Service Assistant	<input type="checkbox"/> Pathfinder (grade 3-4, age 8-9)
<input type="checkbox"/> Assistant Wilderness Trip Leader	<input type="checkbox"/> Kitchen Aide Supervisor	<input type="checkbox"/> Trailblazer (grade 5-6, age 10-11)
<input type="checkbox"/> CILT Coordinator	<input type="checkbox"/> Health Service Director	<input type="checkbox"/> Challenger (grade 7-8, age 12-13)
<input type="checkbox"/> Assistant Director	<input type="checkbox"/> Assistant Nurse	<input type="checkbox"/> Explorer (grade 9-11, age 14-17)

ABILITIES & TRAINING

ACTIVITY ABILITIES- Indicate your ability and interest in participating in the following activities by numbering as follows those items listed below: 0=no ability or interest, 1=interested, but need to learn, 2=able to assist, 3=qualified to teach

<input type="checkbox"/> Swimming	<input type="checkbox"/> Riflery	<input type="checkbox"/> Dance	<input type="checkbox"/> Campcraft	<input type="checkbox"/> Sports, Games
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Fishing	<input type="checkbox"/> Drama, Mime	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Ropes/Challenge Course
<input type="checkbox"/> Sailing	<input type="checkbox"/> Archery	<input type="checkbox"/> Photography	<input type="checkbox"/> Hiking	<input type="checkbox"/> Drawing, Painting
<input type="checkbox"/> Rowing	<input type="checkbox"/> Nature	<input type="checkbox"/> Music	<input type="checkbox"/> Outdoor Cookery	<input type="checkbox"/> General Crafts
<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other: _____	

ACTIVITY TRAINING- Indicate any certifications /or instructor's ratings and list any training you have in the following or other areas. (Having taught an activity at camp does not mean you are certified. Please mark these off only if you have received special training in the area.)

<input type="checkbox"/> Lifeguard	<input type="checkbox"/> CPR Instructor	<input type="checkbox"/> Community CPR	<input type="checkbox"/> RN (state: _____)	<input type="checkbox"/> NRA
<input type="checkbox"/> Lifeguard Instructor	<input type="checkbox"/> Adult CPR	<input type="checkbox"/> Community First Aid	<input type="checkbox"/> LPN (state: _____)	<input type="checkbox"/> Archery
<input type="checkbox"/> WSI	<input type="checkbox"/> Child CPR	<input type="checkbox"/> Responding to Emergencies		<input type="checkbox"/> OLS
<input type="checkbox"/> Canoeing Instructor	<input type="checkbox"/> Infant CPR	<input type="checkbox"/> CPR, Professional Rescuer		<input type="checkbox"/> CILT 1
<input type="checkbox"/> Sailing Instructor	<input type="checkbox"/> Ropes Course	<input type="checkbox"/> Horsemanship Instructor		<input type="checkbox"/> CILT graduate (yr: _____)

Other training received or explanations: _____

RETURN STAFF QUESTIONS

- 1) In what ways have you grown spiritually since last summer? What have you been doing during the year to contribute to your spiritual growth?

- 2) Why do you want to work at camp this summer?

- 3) Has your personal lifestyle this past year been consistent with the standards for a Cedarbrook staff member in the areas of use of alcohol, drugs, and tobacco and sexual immorality? _____ If not, please explain.

- 4) What topics/activities would you like to see included in the precamp training time this summer? Scheduling ideas?

- 4) Please attach an explanation regarding any changes in work eligibility, criminal record, or ability to perform the job for which you are applying as outlined in the previous section: New Applicant Questions, questions 4-7.

- 5) This is my _____ summer on staff at Camp Cedarbrook in the Adirondacks.

- I have previously worked in the position(s) of: _____

STATEMENT TO BE READ CAREFULLY AND SIGNED BY ALL APPLICANTS

I understand that being a Cedarbrook staff member means serving, cooperating with the administration and other staff members, obeying camp policies, and sacrificing personal desires for the best interests of campers and the good of the camp. My chief aim will be to share Christ through word and example of a Biblical lifestyle. I understand that use of alcohol or tobacco, drug abuse, abuse of campers or other staff members and sexual immorality (homosexuality, adultery, fornication) are inconsistent with this lifestyle and incompatible with the goals of the camp, and that engaging in any of these behaviors or promoting them to others will result in my immediate dismissal from camp.

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Signature: _____ Date: _____

Camp Cedarbrook in the Adirondacks is an equal opportunity employer, providing equal opportunities to employees and applicants without regard to race, color, national origin, age, disability, or veteran status.

RETURN NO LATER THAN APRIL 15 TO:	Danielle Hedgepeth 38 Rugby Rd East Greenbush NY 12061	Phone/Fax: 518-479-7191 Email: olli@campcedarbrook.net
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